PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

59893393

CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			5					RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			5 minus 20=		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		•			X40=	· - · · · · · · · · · · · · · · · · · ·	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT]	+135=		OR	+270=	
* If the difference in column 1 is less than zero, ente					r "0" in c	column 2		TOTAL		OR	TOTAL	
	С	LAIMS AS A	MENDE	- PAR	TIL					×	OTHER	
		(Column 1)		(Colu		(Column 3)	SMALL		OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONAL FEE
	Total	.20	Minus	0	20	-	11	X\$ 9=	•	OR	X\$18=	
AME	Independent	NTATION OF M	Minus	DENDEN.	3	-	1	X40=		OR	X80=	
	FIHST PHESE	ENTATION OF M	ULTIPLE DE	PENDEN	CLAIM		┚┃	+135=		OR	+270=	
BEST AVAILABLE COPY								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	. *± 13 J 14 I	HIGH NUM	IEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**	5 -	= .] [X\$ 9=		OŔ	X\$18=	
	Independent	•	Minus	***		=	11	X40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF MI	JETIPLE DEF	ENDEN	CLAIM		-	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colui	mn 2)	(Column 3		:			ADDIT. PEET	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	* *** **	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	ï
AME	Independent	•	Minus	***		=	11	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
* If the entry in column 1 is I so than the entry in column 2, write "0" in column 3.								+135=		OR	+270=	
** 1	the "Highest Nu	mb r Previously Pa mber Previously Pa	aid For IN THI	S SPACE	s less tha	n 20, enter "20		TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
1	The "Highest Num	nber Previously Pai	d For (Total o	Independ	ent) is th	highest numb	er foui	nd in the app	ropriate box	in col	umn 1.	